

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) ROGER I. TEICH SBN: 147076 ROGER I. TEICH, ESQ. 290 NEVADA STREET SAN FRANCISCO, CA 94110 TELEPHONE NO.: (415) 948-0045 FAX NO. E-MAIL ADDRESS (Optional): RTEICH@JUNO.COM ATTORNEY FOR (Name): Plaintiff.		FOR COURT USE ONLY
UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA STREET ADDRESS: 450 GOLDEN GATE AVENUE MAILING ADDRESS: CITY AND ZIP CODE: SAN FRANCISCO, CA 94102 BRANCH NAME: SAN FRANCISCO DIVISION		
PLAINTIFF/PETITIONER: CHILDREN'S HEALTH DEFENSE, A GEORGIA NON-PROFIT ORGANIZATION DEFENDANT/RESPONDENT: FACEBOOK, INC., A DELAWARE CORPORATION, SCIENCE FEEDBACK, ET AL.		CASE NUMBER: 20-CV-05787-SI
PROOF OF SERVICE OF SUMMONS		Ref. No. or File No.: 33005733 VXP

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
 - a. ☒ Summons
 - b. ☒ Complaint
 - c. ☐ Alternative Dispute Resolution (ADR) package
 - d. ☐ Civil Case Cover Sheet
 - e. ☐ Cross-complaint
 - f. ☒ other (specify documents): COMPLAINT EXHIBIT A, COMPLAINT SUMMONS, COMPLAINT CIVIL COVER SHEET, STANDING ORDER, STANDING ORDER ALL JUDGES, SERVICE CHECKLIST, CERTIFICATION, COMPLAINT PROOF OF SERVICE, ECF REGISTRATION, REQUEST TO WAIVE SUMMONS, WAIVER OF SUMMONS, ORDER SETTING CASE MANAGEMENT CONFERENCE, AND NOTICE OF ASSIGNMENT OF CASE (BOTH ENGLISH AND FRENCH TRANSLATED COPIES OF ALL DOCUMENTS)
3. a. Party served (specify name of party as shown on documents served):
SCIENCE FEEDBACK
 - b. ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
EMMANUEL VINCENT - PRESIDENT
4. Address where the party was served: **7-9 RUE DE TOCQUEVILLE**
75017 PARIS, FRANCE,
5. I served the party (check proper box)
 - a. ☒ by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): 09/22/2020 (2) at (time): 02:30 pm
 - b. ☐ by substituted service. On (date): at (time): I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3b):
 - (1) ☐ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (2) ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (3) ☐ (physical address unknown) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., §415.20). I mailed the documents on (date): from (city): or ☐ a declaration of mailing is attached.
 - (5) ☐ I attach a declaration of diligence stating actions taken first to attempt personal service.

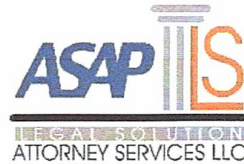
PETITIONER: CHILDREN'S HEALTH DEFENSE, A GEORGIA NON-PROFIT ORGANIZATION

CASE NUMBER:

20AVCV00002

RESPONDENT: FACEBOOK, INC., A DELAWARE CORPORATION, ET AL.

- c. ☐ **by mail and acknowledgment of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (*Attach completed Notice and Acknowledgement of Receipt.*) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ **by other means** (*specify means of service and authorizing code section*):
- ☐ Additional page describing service is attached.
- i. The "Notice to the Person Served" (on the summons) was completed as follows:
- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (*specify*):
- c. ☐ as occupant.
- d. ☐ On behalf of (*specify*):
- under the following Code of Civil Procedure section:
- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |
- f. **Person who served papers**
- a. Name: **GOOLAM MONSOOR C/O ASAP Legal, LLC**
- b. Address: **1607 James M. Wood Blvd. Los Angeles, CA 90015**
- c. Telephone number: **(213) 252-2000**
- d. **The fee** for service was:
- e. I am:
- (1) ☒ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☐ registered California process server:
- (i) ☐ **owner** ☐ **employee** ☐ **independent contractor.**
- (ii) Registration No.:
- (iii) County:
- i. ☒ **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or
- j. ☐ **I am a California sheriff or marshal** and I certify that the foregoing is true and correct.

Date: **09/24/2020**

ASAP Legal, LLC
1607 James M. Wood Blvd.
Los Angeles, CA 90015
(213) 252-2000
www.legalsolutionasap.com

GOOLAM MONSOOR

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)